

HOME CARE NURSING

Home care nursing is the provision of nursing care to acute, chronically ill and well clients of all ages in their homes while integrating community health nursing principles that focus on health promotion and on environmental, psychosocial, economic, cultural and personal health factors affecting an individual's and family's health status

In Malaysia, home care nursing services are provided by University Hospital for patients discharged from the hospital, Tengku Ampuan Rahimah Hospital in Klang for stroke patients discharged from that hospital, Kuala Lumpur Hospital for terminally ill patients discharged from the hospital, University Kebangsaan Malaysia Hospital for its discharged patients, as well as a few other health centers in the districts of Sabak Bernam, Muar, Bentong and Kota Setar for bedridden elderly patients. In addition, Sultanah Aminah Hospital in Johor Bahru provides home care services for patients with acute mental health problems, community psychiatric nursing team from Hospital Permai follows up patients with mental health problems in the homes, while elderly patients with psychiatric problems in Ulu Tiram, Johor are also provided home care.

There are various nursing practice models as follows:

- i. Home Care Nursing Models of the European Union are usually part of the health system, financed either by general taxation or social insurance where nursing is provided either by registered nurses who are strictly limited to technical nursing procedures, health education, psychosocial care and support of informal carers, and nurse aides that are involved with personal hygiene care and uncomplicated technical nursing.
- ii. The Collaborative Practice Model – multidisciplinary team working together to problem solve and develop a treatment plan, an intervention and an evaluation process.
- iii. Family's Caregiver Model –focused on patient's & families' choices that encourages self-help and promote normalcy within the patient and family's lives.
- iv. Multisystem Model –comprehensive home health process addressing environmental, psychosocial, physiological, health behaviors, therapeutic regime noncompliance and technical procedures
- v. Rice Model of Dynamic Self- Determination - patient-focused model that enables the patient and carer to successfully manage healthcare needs at home under the observance of the nurse
- vi. Primary Care Nursing - registered nurses are assigned to coordinate and manage a doctor's in-house patient care and assessment doctors and their home care patient
- vii. Conceptual Model of Structure, Process and Outcome – these are used to measure the quality of patient outcome, as well as act as a focus for the relationship between knowledge and skills specific to the nurse in home health care.

viii. Team Approach – similar to the Collaborative Practice Model but based on the results of a randomised study

Case Management - to establish an appropriate plan of care based on an assessment of the patient and to coordinate the necessary resources and services to the patient - an integral practice component of home care nursing.

Specialised Home Care Services - as high-technology home care, pediatric care, psychiatric mental health care and hospice care.

Training For Home Care Nurses – need special training on specific areas e.g. Rehabilitative Nursing, Nutrition, Quality Assurance, Confidentiality, Counselling, Oxygen Therapy, Spiritual Assessment, Cardiopulmonary Resuscitation

The objective of this assessment is to assess the effectiveness, cost effectiveness and safety of home care nursing for follow-up, chronic and rehabilitative care.

The scope of assessment is home care nursing in the community, provided by nurse or home care team and that involving volunteers, non-governmental organisations (NGO), excluding care provided by nursing homes and home nursing by private practitioners as well as home visiting (HTA already carried out).

The components are as follows:

i. Follow-up care consisting of *Day care, Follow-up care for elective surgery, Follow-up care for neonates, Follow-up care for children*

ii. Chronic Care made up of *Pediatric chronic care, Elderly chronic care, Respiratory chronic care, Palliative care, Stoma and wound care*

iii. Rehabilitative Care consisting of *Cardiac rehabilitative care, Respiratory rehabilitative care, Orthopedic rehabilitative care, Stroke rehabilitative care, Elderly rehabilitative care, Psychiatric rehabilitative care, Physical rehabilitative care*

In this assessment there is positive evidence for home care nursing for neonates, elderly, respiratory, orthopedic, palliative, cardiac, stroke, psychiatric and physical as areas of care that require home care follow-up. However, evidence on the aspects of day care, follow-up care for elective surgery, follow-up care for children, stoma care and wound care were inconclusive due to insufficient evidence.

There is a favourable outcomes for the patients and families and patients have a better quality of life. The most common nursing care activities identified are patient education regarding bedsores prevention, patient and family education on treatment and physio exercises, dressing, changing of nasogastric tubes, changing of urethral catheters,

administration of insulin , testing of blood sugar and taking of blood pressure and provision of emotional support.

It has also resulted in shorter duration of hospitalization, reduced readmission to the hospital, reduced risk of nosocomial infection.

In terms of cost effectiveness, for the health care authority there are savings in the operating expenditure for hospitals. However, it is more costly to provide high technology nursing care in the home than in the hospital due to the payment for the highly specialised and skilled home care nurses. For stroke patients, the prevention of poor outcomes that may cost more to manage in the hospital, but for severely disabled stroke patients, it actually cost less to nurse them in a nursing home than at home.

Patients and families reported satisfaction with the home care provided. Home care nursing has to involve a multidisciplinary team. There is also a need to have protocols and clinical pathways as references and guide in the provision of home care. The availability of telenursing has also contributed in enhancing and enlightening the home care nurses in the delivery of quality care.

Home care nursing provides nurses autonomy, independence, direct patient contact and the high technology care which they find challenging and rewarding.

It is recommended that home care nursing should be provided by a multidisciplinary team comprising of a doctor, nurse, physiotherapist, occupational therapist, speech therapist, social worker dietitian and pharmacist. A case manager should manage the care.

Home care nursing should provide follow-up care for neonates, especially low birth weight babies facing feeding problems requiring enteral feeding, jaundice requiring phototherapy, respiratory problems requiring home oxygen therapy, chronic conditions in the elderly, palliative care for the terminally ill, home rehabilitative care for cardiac conditions, orthopedic conditions, stroke patients, mentally ill patients, physically disabled as well as provision of respite care for carers

There is a need to develop protocols and clinical pathways for reference by the home care team members in the delivery of care. Specialised training is needed in the respective disciplines for nurses providing specialised care such as neonatal care, cardiac care, stoma care, palliative care, care for the elderly and psychiatric care.

It is also recommended that telenursing facilities to be made available to the home care nurses in areas where telehealth and telemedicine services are being provided. There is also a need for further assessments to be carried out for follow-up care, care for chronic

conditions and rehabilitative care in order to identify the actual criteria, types of conditions requiring the care and categories of staff to provide the care.

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